

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

430821

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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50				
TOTAL IND.	1			
TOTAL DEP.	0	←	←	←
TOTAL CLAIMS	1			

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.		←	←	←	←
TOTAL CLAIMS					